

North Carolina Department of Environment and North Resources
Division of Waste Management
Solid Waste Section

INVOICE 2012

Make checks payable to **N.C. Division of Waste Management, Solid Waste Section**, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

Applicant Address:	Contact/Billing Information:	Facility Location Address:
	Mr. Jesus Fernandez	Killy's Tires, LLC
	Killy's Tires, LLC	716 Broad Street
	716 Broad Street	Fuguay-Varina, NC 27526
	Fuquay-Varina, NC 27526	

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW012-0058	9-6-2012		\$250.00

- A. <u>Permit Fee Requirements:</u> Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.
- B. Explanation of Invoice Amount is Based on Facility's Current Permit Application

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
9238-Tire-Coll-2009	MSWLF	Amendment (5 Year Renewal)	8/22/2012	\$250.00	\$250.00
			Tot	al Amount Due	\$250.00
Amount Paid			\$0.00		

C. Remit Payment (including a copy of this invoice) To:

Division of Waste Management Solid Waste Section 1646 Mail Service Center Raleigh, NC 27699-1646 Attn: Ellen Lorscheider PAID CK# 1193 \$250.00 9/12/2012

- D. Solid Waste Contacts:
 - 1. Questions about billing process: Ellen Lorscheider at (919) 707-8245
 - 2. Questions about the Regulations and Technical Assistance:

Ed Mussler (919) 707-8281

Landfills, Transfer Stations

Michael Scott (919) 707-8246

Land Application Sites, Compost Facilities

E. <u>Update Your Information</u>: Please indicate any changes in Facility or Contact Information.

JW012-0058

PERMIT APPLICATION REVIEW FORM

Review Requested by: G	eof Little Date Requested: 8/31/12			
Facility Name and Permit ID	Killy Tire 92-38			
Applicant (Owner) Name	Jesus Fernandez			
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	 ☐ (1)a. New – New Facility ☐ (1)b. New – Expand Facility Boundary ☐ (1)c. New – Expand Waste Boundary ☐ (1)d. New – Substantial Amendment ☐ (2)a. Amendment – Next Phase of the Approved Facility Plan ☐ (2)b. Amendment – Five-year Renewal ☐ (2)c. Amendment – Change in Ownership ☐ (3)a. Modification – Change to Approved Plans (No CHR) ☐ (3)b. Modification – Subsequent Permit to Operate (No CHR) 			
Permit Fee	\$ Tire Collection			
Date Application Received	8/22/12			
ontact Name, Title & Phone # <u>Jesus Fernandez</u> <u>919-609-3975</u>				
Company	Killy's Tires LLC			
911 Address	716 Broad Street Fuguay Varina NC 27526a			
Mailing Address	716 Broad Street Fuguay Varina NC 27526			
City/State/Zip	Fuguay Varina NC 27526			
Parent Company	<u>N/a</u>			
Known Subsidiaries	<u>Unknown</u>			
Other known names business has operated under	<u>Unknown</u>			
Known Counties of Operation	100 NC Counties			
Does the applicant have a past or current solid waste permit?	Yes ☑ No ☐ Unknown ☐ Facility Type: <u>Tire Collection</u> Permit #: <u>92-38</u>			
Does the applicant have other DENR permits?	Yes ☐ No ☐ Unknown ☒ Division: Facility Type: Permit #:			
Did the permit applicant submit Financial Assurance cost estimates?	Yes No N/a Not Needed			
Are the cost estimates sufficient?	Yes ☐ No ☐ N/a ⊠			
Other notes				

killystires@hotmail.com